

Data Sheet

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| USAID Mission: | Tajikistan |
| Program Title: | Health and Population |
| Pillar: | Global Health |
| Strategic Objective: | 119-0320 |
| Status: | Continuing |
| Planned FY 2005 Obligation: | \$3,593,000 FSA |
| Prior Year Unobligated: | \$1,503,000 FSA |
| Proposed FY 2006 Obligation: | \$4,232,000 FSA |
| Year of Initial Obligation: | 2001 |
| Estimated Year of Final Obligation: | 2007 |

Summary: USAID's quality primary health care objective is helping Tajikistan reform its health sector and create quality, client-oriented, cost-effective primary health care (PHC) services. Leadership in the Ministry of Health (MOH) continues to provide strong support to related changes. Pilots will assist the country to implement more effective financing, service delivery at the primary level, evidence-based medical practices, and restructured facilities. Maternal and child health is a focus to improve services delivered to this vulnerable group. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS and tuberculosis (TB).

Inputs, Outputs, Activities:

FY 2005 Program: Enhance Health Systems Capacity (\$745,000 FSA, \$1,503,000 FSA carryover). The Quality Public Health and Primary Health Care Program (QPHPHC) will provide technical assistance, training, equipment, and commodities to increase access to and utilization of quality PHC. QPHPHC will introduce new payment systems to increase financing transparency, ensure high quality retraining in family medicine, strengthen evidence-based medicine and quality improvement in Family Medicine Centers; and pilot an affordable, sustainable health information system. USAID's Healthy Family (HF) Program will double its geographic coverage to five new districts. HF will continue birth planning activities in 27 villages, reaching an estimated 1,100 pregnant women and their families. Contraceptives will be distributed to 185 village pharmacies. One hundred and twenty health care providers will be trained in birth spacing counseling techniques. USAID will work with the MOH and other stakeholders to develop an implementation plan for the country's reproductive health strategy, as well as a related contraceptive security framework. HF will conduct refresher training on revolving drug funds for 100 village pharmacists and 100 MOH staff, with village committees trained to monitor activities. Thirty committees in Khatlon Oblast will develop emergency transportation plans and funds, a key intervention to improve deliveries and reduce maternal mortality. USAID will procure and distribute midwife kits and basic supplies to 197 rural health facilities. HF will initiate child-to-child activities in 20 new schools and train 300 students as health promoters. HF will organize nutrition education and rehabilitation sessions, with related small grant awards to non-governmental organizations (NGOs). The project will implement life saving skills training for health care providers, strengthen and standardize infection prevention standards in pilot service delivery training sites. Project-trained trainers will train 100 rural health facility staff in the Integrated Management of Childhood Illnesses (IMCI) approach. Twenty district and rural health facility staff will be trained in health information systems. Principal contractor/grantees: TBD (prime) and Project HOPE (prime), Save the Children (sub), American College of Nurse-Midwives (sub).

Reduce Transmission and Impact of HIV/AIDS (\$1,969,000 FSA). USAID's Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY) will: assist Tajikistan's two HIV grants from the Global Fund to Fight AIDS, TB, and Malaria (GFATM); strengthen institutional capacity of non-governmental organizations; and develop skills in counseling, testing, and antiretroviral treatment. The U.S. Centers for Disease Control and

Prevention (CDC) will strengthen the country's HIV surveillance and blood screening systems, while a third group of Tajik professionals will join CDC's Applied Epidemiology Training Program (AETP). The Drug Demand Reduction Program (DDRP) will work to prevent use of drugs among vulnerable populations, and engage and train professionals on the best approaches to reduce demand. Principal contractors/grantees: John Snow Inc. (prime), Population Services International (sub), Abt Associates Inc. (sub), International HIV/AIDS Alliance (sub), CDC (prime) and Alliance for Open Society International (prime), Open Society Institute Tajikistan (sub), AIDS Foundation East-West (sub), Internews (sub), Accord (sub).

Prevent and Control Infectious Diseases of Major Importance (\$879,000 FSA). A range of assessments on laboratory capacity, drug management, community mobilization, and policy will be completed. The World Health Organization (WHO) approach to TB control known as Directly Observed Treatment Short Course (DOTS) will gradually expand to five regions of Khatlon and Sughd oblasts. A high level working group will solidify policy changes and improve coordination. CDC will continue activities on TB surveillance systems and improve the quality of related laboratory services. Principal grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), New Jersey Medical School National TB Center (sub), CDC (prime) and Academy for Educational Development (prime).

FY 2006 Program: Enhance Health Systems Capacity (\$1,848,000 FSA). QPHPHC will continue to assist Tajikistan to develop and implement a national health reform strategy, with HF focused on maternal and child health components. QPHPHC and HF will pursue increased access to quality family planning information and services, and improve the quality of obstetrical care. USAID will seek to integrate reproductive health interventions into health reform and infectious disease control programs. In addition to rolling out new evidence-based infection prevention and clinical practice guidelines, USAID will seek to implement a unified referral system linking maternal and child health services to PHC providers. New information systems will encourage more accurate reporting of related data. Same implementers as above.

Reduce Transmission and Impact of HIV/AIDS (\$1,496,000 FSA). CAPACITY will continue activities as described above. It may assist Tajikistan with a new application to the GFATM for HIV/AIDS. CDC will train officials to use data from HIV surveillance for programmatic and policy decision making. Blood safety efforts and AETP will continue. DDRP will issue grants, develop mechanisms to replicate successful models, and increase the numbers served. Same implementers as above.

Prevent and Control Infectious Diseases of Major Importance (\$888,000 FSA). The TB program will continue training on quality control of laboratories, monitoring, and DOTS expansion. Same implementers as above.

Performance and Results: USAID built on increased interest for health reform in Tajikistan. A new working group led to the Ministry of Health's "Strategy of Health Care Financing in the Republic of Tajikistan for the Period 2005-2015," which USAID has begun to help implement. TB control assistance is showing results. The treatment success rate reached 89.1% in the first two quarters of 2003 in pilot sites. USAID's health programs in Tajikistan are designed to increase the use and quality of primary health care services for underserved populations. This strategy will improve the quality of people's lives, furthering the growth of productive, stable democracies in an area of the world vital to U.S. interests. Given the unique challenges faced in Tajikistan due to the virtual collapse of the health system caused by the civil war, the extreme levels of poverty, and the heightened threat of drug trafficking across the border from Afghanistan, USAID anticipates need for an extended life of the health SO in Tajikistan.

US Financing in Thousands of Dollars

Tajikistan

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| 119-0320 Health and Population | FSA |
| Through September 30, 2003 | |
| Obligations | 13,558 |
| Expenditures | 7,682 |
| Unliquidated | 5,876 |
| Fiscal Year 2004 | |
| Obligations | 5,316 |
| Expenditures | 7,169 |
| Through September 30, 2004 | |
| Obligations | 18,874 |
| Expenditures | 14,851 |
| Unliquidated | 4,023 |
| Prior Year Unobligated Funds | |
| Obligations | 1,503 |
| Planned Fiscal Year 2005 NOA | |
| Obligations | 3,593 |
| Total Planned Fiscal Year 2005 | |
| Obligations | 5,096 |
| Proposed Fiscal Year 2006 NOA | |
| Obligations | 4,232 |
| Future Obligations | 5,405 |
| Est. Total Cost | 33,607 |